

①
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09896139

FILING DATE

01/29/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51	1				
2		1					52	1				
3		1					53	1				
4		1					54	1				
5		1					55	1				
6		1					56	1				
7		1					57	1				
8		1					58	1				
9		1					59	1				
10		1					60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14		1					64	1				
15		1					65	1	1			
16		1					66	1				
17		1					67	1				
18		1					68	1				
19		1					69	1				
20		1					70	1				
21		1					71	1				
22		1					72	1				
23		1					73	1				
24		1					74	1				
25		1					75	1				
26	1						76	1				
27		1					77	1				
28		1					78	1				
29		1					79	1				
30		1					80	1				
31		1					81	1				
32		1					82	1				
33		1					83	1				
34		1					84	1				
35		1					85	1				
36		1					86	1				
37	1						87	1				
38		1					88	1				
39		1					89	1				
40		1					90	1				
41		1					91	1				
42		1					92	1				
43		1					93	1				
44		1					94	1				
45		1					95	1				
46		1					96	1				
47		1					97	1				
48	1						98	1				
49		1					99	1				
50		1					100	1				
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
60896139

FILING DATE
4/29/09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
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33		1				
34	1					
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53	1					
54		1				
55		1				
56		1				
57		1				
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69	1					
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93		1				
94	1					
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
04890139

FILING DATE
4/29/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
221		1				
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49						
50						
TOTAL IND.	14					
TOTAL DEP.	207					
TOTAL CLAIMS	221					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

INDEX OF CLAIMS

Claim	Date	
	Final	Original
151	88	- 1
	26	12
	07	03
152	-	✓
153	-	✓
154	-	✓
155	-	✓
156	-	✓
157	-	✓
158	-	✓
159	-	✓
160	-	✓
161	-	✓
162	-	✓
163	-	✓
164	-	✓
165	-	✓
166	-	✓
167	-	✓
168	-	✓
169	-	✓
170	-	✓
171	-	✓
172	-	✓
173	-	✓
174	-	✓
175	-	✓
176	-	✓
177	-	✓
178	-	✓
179	-	✓
180	-	✓
181	-	✓
182	-	✓
183	-	✓
184	-	✓
185	-	✓
186	-	✓
187	-	✓
188	-	✓
189	-	✓
190	-	✓
191	-	✓
192	-	✓
193	-	✓
194	-	✓
195	-	✓
196	-	✓
197	-	✓
198	-	✓
199	-	✓
200	-	✓

SYMBOLS

<	.....	Rejected
=	.....	Allowed
- (Through number)	.....	Canceled
-	.....	Restricted
+	.....	Non-elected
N	.....	Interference
|-	.....	Appeal
O	.....	Objected

Claim	Date	
	Final	Original
201	88	- 1
	26	12
	07	03
202	-	✓
203	-	✓
204	-	✓
205	-	✓
206	-	✓
207	-	✓
208	-	✓
209	-	✓
210	-	✓
211	-	✓
212	-	✓
213	-	✓
214	-	✓
215	-	✓
216	-	✓
217	-	✓
218	-	✓
219	-	✓
220	-	✓
221	-	✓
	72	
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